

Maura J. Rossman, M.D., Health Officer

Applicant must apply in person with original certificate.

Name of Applicant			
Applicant's Current Address			
City	State	Zip Code	
Home Telephone Number	Work Telephone Number	E-Mail Address	
CERTIFICATION (CHECK APPLICABLE BLOCK) <input type="checkbox"/> Coursework/Examination (attach course completion certificate. Organization: _____ Location: _____ Instructor: _____			
RE-CERTIFICATION (CHECK APPLICABLE BLOCK) <input type="checkbox"/> Coursework/Examination (attach course completion certificate. Organization: _____ Location: _____ Instructor: _____			
2" by 2" Photograph Attached	Current Workplace	Address	Date of Employment
<p style="text-align: center;">The information on this application is accurate, true and complete to the best of my knowledge and belief and I understand that my certification card must be available at the facility at all times when I am on duty.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Applicant Signature </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>			
FOR OFFICE USE ONLY			
Make Check/Money Order payable to: DIRECTOR OF FINANCE HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH- FOOD PROGRAM 8930 Stanford Boulevard, Columbia, MD 21045 (410) 313-1772		DATE RECEIVED: FEE DUE: \$17.00 RECEIPT NO: CARD NO.: ISSUE DATE: EXP DATE:	